

Work Order ID 91642

91642

Page 1

October-18-12 9:26:44 AM

Item ID: D2690-6 Accept ***N900040100*** Setup Start ***NS1***
 Revision ID: Stop ***NS2***
 Item Name: Lanyard Assembly
 Start Date: 10/18/12 Start Qty: 6.00 ***6*** Cust Item ID:
 Required Date: 11/02/12 Req'd Qty: 6.00 ***6*** Customer:

Reference:

Approvals: Process Plan: *[Signature]* Date: *12/10/12* Tooling: Date: Run Start ***NR1***
 QC: Date: SPC (Y/N): Date: Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D2690	Rev B2								
100	Small Fab	0.00							
100									
Small Fab	Memo	0.00							
Small Fab	Assemble as per Dwg D2690 Identify as D2690-6								
110	QC5- Inspect part completeness to step on W/O	0.00							
110									
QC	Memo	0.00							
Quality Control									
120	Identify as per dwg & Stock Location: <i>014</i>	0.00							
120									
Packaging	Memo	0.00							
Packaging									

6x *[Signature]* *12/10/01*

DAS
15
0-09

12/10/01

6

[Signature] *(6)*

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other		

Work Order ID 91642***91642***

Page 2

October-18-12 9:26:44 AM

Item ID: D2690-6

Accept

N900040100Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Lanyard Assembly

Start Date: 10/18/12 Start Qty: 6.00

6

Cust Item ID:

Required Date: 11/02/12 Req'd Qty: 6.00

6

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start ***NR1***

QC:

Date:

SPC (Y/N):

Date:

Stop ***NR2***Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

130

QC21- Final Inspection - Work Order Release

0.00

130

QC

Memo

0.00

Quality Control

12/11/12

612-11.05

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>						
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Picklist Print

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Work Order ID: 91642

Parent Item: D2690-6

Parent Item Name: Lanyard Assembly

Start Date: 10/18/12

Required Date: 11/02/12

Start Qty: 6.00

Required Qty: 6.00

Comments: IPP: CC03.04.04Reformat; Incorporated D2690-XXJ/RF

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
CBL-1240 Cable		Purchased	No			110	f	1,053.5800	1	6		10/14/12	
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				GA		1053.580041							
				113565		3.911789							
				119021		36.634852							
				119690		13.0334							
				122190		500							
				123283		500							
CBL-460 Loop Sleeve		Purchased	No			100	Each	356.0000	2	12		11/01/12	
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				GA		356							
				121574		156							
				123283		200							

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

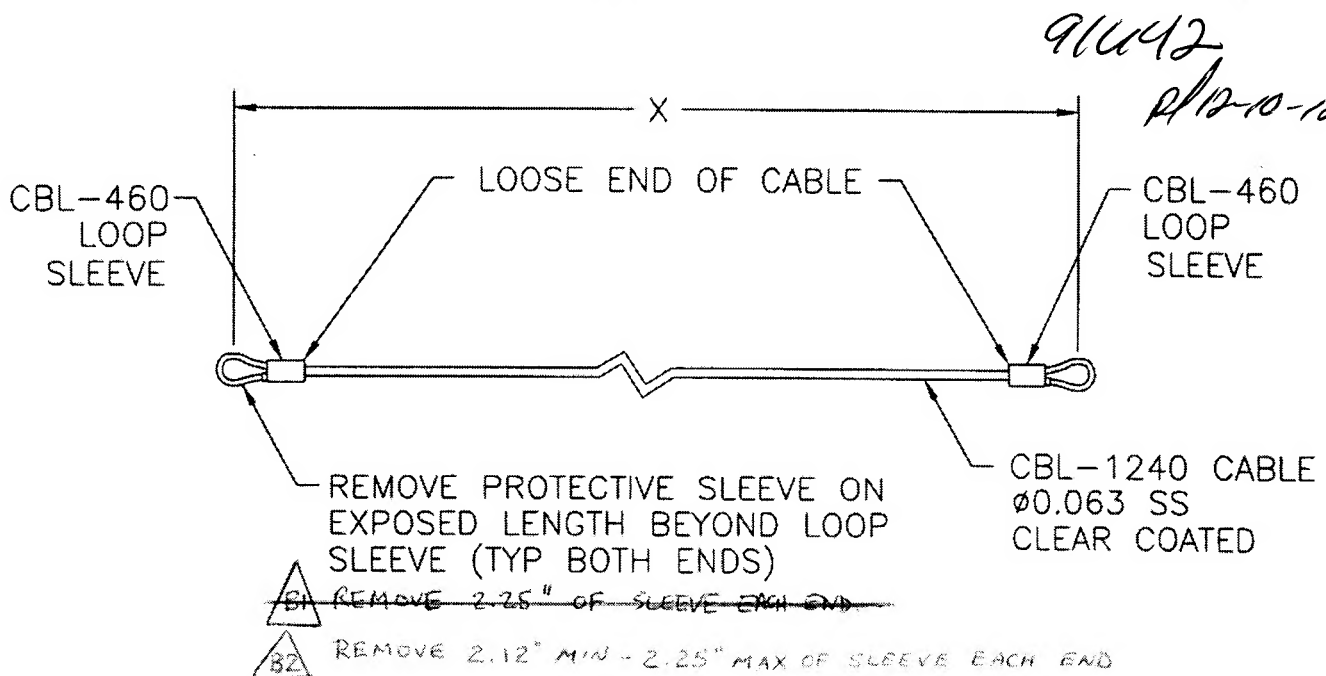
QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>						
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DESIGN <i>ME</i>	DRAWN BY <i>KE</i>	DART AEROSPACE LTD VICTORIA INTERNATIONAL AIRPORT, CANADA	
CHECKED <i>ME</i>	APPROVED <i>BW</i>	DRAWING NO. D2690	REV. B SHEET 1 OF 1
DATE 97.10.02		TITLE LANYARD ASSEMBLY	SCALE NTS
A	97.07.03	NEW ISSUE	
B	97.10.02	REVISED NOTE FOR ADDITIONAL LENGTH	
B1	CP 01.08.20	ADD NOTE TO REMOVE 2.25" OF SLEEVE	
B2	CP 04.06.24	ADDED TOLERANCE	

RELEASED
971003 KE
TSR 4374



D2690-X

X = LENGTH IN INCHES

NOTE: CUT CABLE 2.50* INCHES LONGER THAN 'X' LENGTH.
FOLD ENDS TIGHT TO 'X' LENGTH AND CRIMP WITH
SLEEVE AT END OF LOOSE END OF CABLE WITH
CBL-705 CRIMPING TOOL.

*ADDITIONAL LENGTH MAY BE NECESSARY IN
SOME APPLICATIONS. CUT AS REQUIRED.

NOTE: IN SOME CASES, END HAS TO BE CRIMPED AFTER
ASSEMBLY WITH ATTACHING PARTS.

DEO's									
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